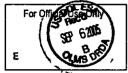


U S Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

| 1 File Number U /3433 | 2 Fiscal Year Covered From | | |
|---|--|--|--|
| Samuel Fail / | 4 / 1 / 2004 Through 3 / 31 / 2005 | | |
| 3 Name and address of person filing | 4 Name file number and address of labor organization | | |
| Name Lesley E MackeyMcCambridg | Name Writers Guild of America west Inc | | |
| | Labor Organization File Number 600-018 | | |
| PO Box Bldg Room No If any | P O Box Building and Room Number if any | | |
| Street 6450 Maryland Drive | Street 7000 W Third Street | | |
| City Los Angeles | City Los Angeles 10K 1 us; 11 | | |
| State California ZIP Code + 4 90048 | State (California 3-)31 ZIP Code + 4 90048 | | |
| 5 Position in labor organization Senior Director of Residuals | Salud on the 11 to 1 sections) | | |
| \ | f iguny amusing a might be the first mad as unit metalic and the first might be the first | | |
| (except as specified in the exc | ouse or minor child directly or indirectly had any of the following interests lusions set forth in the instructions) | | |
| A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent | | | |
| 6 Name and address of Employer (including trade name if any) | 7 a Nature of Interest, Transaction or Income | | |
| Name | | | |
| Trade Name If any | | | |
| PO Box Bldg Room No If any | | | |
| | 7 b Amount. | | |
| Street | | | |
| City | (U | | |
| State 1 1 (1 ?- ZIP-Code + 4 (1717) 1 | ל א ב יו ו ניאון ויז פו ריייייייייייייייייייייייייייייייייי | | |
| | 1 v t ₁ s s | | |
| તામ માત્ર કરકા તા હતા કા કર્યા માટે કરતા | bustnessing the control of the fact of the following the | | |
| 15 Signature and verification The undersigned declares under penalty of Penjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief true correct and complete (See the section on penalties in the instructions) | | | |
| - Signed Liste Tella & Wilant & 3 | On 8/10/2005 (323) 782-4563 (10-3) 9 | | |
| (a) (b) (b) (c) (c) (d) | On Date of the Dat | | |

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Form LM 30 (2003)

Page 1 of 3

| Name of Person Filing Lesley MackeyMcCambridg | File Number U | | | |
|--|---|------|--|--|
| B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the busine s of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested | | | | |
| 8 Name and address of Business (including trade name if any) Name Trade Name if any P O Box Bidg Room No if any Street City State ZIP Code + 4 10 If 9 b or 9 c. is checked give trust or employer's name Name Trade Name if any | 9 Business deals with a Labor Organization b Trust c Employer 11 a Nature of such dealing | | | |
| P O Box Bldg Room No if any Street City State ZIP Code + 4 | 11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received | | | |
| | 12 b Amount | | | |
| C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value | | | | |
| 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Walt Disney Pictures & Television Trade Name if any PO Box Bldg Room No if any Street 500 Buena Vista Street City Burbank State California ZiP Code + 4 91521 7467 | 14 a Nature of payment luncheon at Off Vine in Hollywood | | | |
| 13 b Is the Business an Employer or Consultant 7 | 14 b Amount of payment. | \$30 | | |

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| | |

| Name of Person Filing Lesley | MackeyMcCambridg | File Number U | |
|------------------------------|------------------|-------------------|--|
| | | <u> </u> | |

| Part C Continuation Page | | | | |
|--|--|--|--|--|
| C Received from any employer (other than an employer covered under parts A payment of money or other thing of value | and B above) or from any labor relations consultant to an employer any | | | |
| 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) | 14 a Nature of payment. | | | |
| Name Walt Disney Pictures & Television | Luncheon at Bistro Gardens Studio City | | | |
| Trade Name if any | | | | |
| P O Box Bldg Room No If any | | | | |
| Street 500 Buena Vista Street | 1 | | | |
| City Burbank | | | | |
| State California ZIP Code + 4 91521 7467 | | | | |
| 13 b Is the Business an Employer or Consultant ? | 14 b Amount of payment. \$30 | | | |
| C Received from any employer (other than an employer covered under parts A payment of money or other thing of value | and B above) or from any labor relations consultant to an employer any | | | |
| 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) | 14 a Nature of payment | | | |
| Name NBC Universal Inc | Luncheon at The Grill in Universal City | | | |
| Trade Name if any | | | | |
| P O Box Bldg Room No if any | | | | |
| Street 100 Universal Plaza | | | | |
| City Universal City | | | | |
| State California ZIP Code + 4 91608 | | | | |
| 13 b Is the Business an Employer or Consultant 7 | 14 b Amount of payment. \$30 | | | |
| C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value | | | | |
| 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) | 14 a Nature of payment | | | |
| Name | | | | |
| Trade Name if any | | | | |
| P O Box Bldg Room No if any | | | | |
| Street | | | | |
| City | | | | |
| State ZIP Code + 4 | | | | |
| 13 b is the Business an Employer or Consultant ? | 14 b Amount of payment | | | |